

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>My</i>	<i>67807</i>	<i>7/7/00</i>
O.I.P.E. CLASSIFIER		<i>13</i>	<i>7/7/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>67807</i>	<i>7-26-00</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 +- ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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